

**MORE AT FOUR PRE-KINDERGARTEN PROGRAM
ECERS-R QUALITY ENHANCEMENT PLAN**

County _____ Site _____ Teacher _____ Date _____

Date of ECERS-R Assessment _____ Overall Classroom Score _____

Indicator and Score	Concerns	Action Plan (e.g. materials, training needs, schedule changes)	Person Responsible & Projected Completion Date	Follow Up (e.g. changes made, date completed, time extended)

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I have participated in and will work to implement this Quality Enhancement Plan.

Signature- Local Program Contact – Date

Signature – Site Administrator – Date

Signature – Classroom Teacher – Date

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